



## **2009 AGING ISSUES PHOTOGRAPHY CONTEST**

*Contest Deadline Extended to Friday, April 10, 2009*

**CONTEST THEME: "AGING IN FOCUS"**

**SPONSORED BY: THE STATE COMMITTEE ON AGING AND THE NH DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHHS), BUREAU OF ELDERLY AND ADULT SERVICES (BEAS). WINNERS WILL BE RECOGNIZED AT THE CONFERENCE ON AGING ON MAY 28, 2009.**

The *Aging Issues* newsletter\* is pleased to announce its 2009 Photography Contest, "Aging In Focus". The purpose of the contest is to enhance the image of people age 60 and older by showing the many different faces of aging and highlighting the diverse interests and accomplishments of older adults.

**Contest Deadline**

All photos being entered in the contest must be received no later than **Friday, April 10, 2009**. Please see the sections below for details on how and where to submit entries. The contest entry form and photo release can be found on pages 3-5 of this document.

**Entries**

There are two categories for contest entries: a youth category for photographers under age 18 and an adult category for photographers age 18 and older.

Either the photographer or the subject of the photo must be a resident of New Hampshire. One entry per photographer may be submitted. The photo must not have been previously published elsewhere. Once submitted, entries will not be returned.

**Photo Subjects**

The photo must include one person or a group of people age 60 or older. Examples of possible photo content include an elder or elders engaging in their work or in a hobby/activity, intergenerational scenes, or photos that depict emotional expression or humorous situations.

**How and Where To Send Entries**

Each entry must include the following:

1. The entry form and photo release provided by DHHS. The entry form must be signed by the photographer (if the photographer is under age 18, the parent or guardian must sign).

The photo release must be signed by the subject (s) of the photo, or if the subject is an adult who has a guardian, the guardian must sign. If the subject is under age 18, the parent or guardian must sign.

2. Two 5x7 prints of the photo, either in color or black and white (do not send slides or negatives).
3. A typed narrative of 150 words or less written by the photographer, which includes the title and brief description of the photo, identifies the name(s) of the person(s) in the photo, the date taken and where, and indicates why the photographer chose this photo to depict the aging experience. The narrative will enhance our understanding of the photo.

The materials specified above should be mailed to **Ally McNair, c/o AARP, 118 N. Main St., Concord, NH 03301** and must be received no later than **Friday April 10, 2009**.

Submissions may also be emailed to **ally\_mcnair@me.com** The photo must be attached as a .jpg file (***please do not embed the photo in the email***), and have a resolution of at least 300 dpi. The contest entry form, photo release and narrative specified above must also be attached. Please enter "Photo Contest" in the subject line of the email, which must be received no later than **Friday April 10, 2009**.

Entries may be disqualified that are not sent in the format requested above, or that do not contain all the information requested.

All photos become the property of the NH Department of Health and Human Services (DHHS) and may appear on exhibits, printed materials or web sites pertaining to DHHS or DHHS partners.

### **Contest Judging and Awards**

Photos will be judged by an independent review panel. When reviewing each photo, a combination of factors will be considered: composition, creativity, photographic quality, and how the photo helps to depict the aging experience.

In each category (youth and adult), first, second, and third prize winners will be selected, as well as honorable mentions. (*This may be modified should there be an insufficient number of entries in either category.*)

Winners will be notified prior to the next Conference on Aging, which will be held on **May 28, 2009**. Winners' names will be announced at this conference, and winners will receive a commendation (for those winners who cannot be present at the conference, the commendations will be mailed). The winning photos will be exhibited at the conference (winners may be asked to provide an 8 x 10 print for this purpose), and also published in the Fall 2009 edition of *Aging Issues* and on the BEAS web site.

If you have questions on the "Aging In Focus" Photography Contest, please contact Margaret Morrill by emailing [mmorrill@dhhs.state.nh.us](mailto:mmorrill@dhhs.state.nh.us) or call **1-800-351-1888, Ext. 4683**.

*\*The Aging Issues newsletter is published three times per year by BEAS and the State Committee on Aging. Its purpose is to provide information to older adults and caregivers on DHHS/BEAS programs and services and other helpful resources, and to highlight the valuable contributions that older adults make to their communities and to the State.*

## Entry Form and Photo Release Form

Thank you for your interest in the *Aging Issues* 2009 Photography Contest, “Aging In Focus.” Please take time to review the guidelines on pages 1 and 2 and return the entry form with the other information requested below.

All entries must be received no later than **Friday, April 10, 2009**. Once submitted, entries will not be returned.

The photographer needs to complete and sign the entry form. If the photographer is under age 18, the parent or guardian must sign. By entering the *Aging Issues* Photography Contest, each entrant acknowledges that the photo being submitted has not been published elsewhere, and agrees to assign all copyright, trademark and other intellectual property rights to *Aging Issues* and DHHS. With the entry form, please include the following:

1. Two 5x7 prints of the photo, either in color or black and white (do not send slides or negatives).
2. A typed narrative of 150 words or less written by the photographer, which includes the title and brief description of the photo, identifies the name(s) of the person(s) in the photo, the date taken and where, and indicates why the photographer chose this photo to depict the aging experience. The narrative will enhance our understanding of the photo.
3. The photo release form provided by the NH Department of Health and Human Services, which is found on page 5 of this document. The release form must be signed by the subject(s) of the photo, and this indicates permission for the photo to be used. If the subject is an adult who has a guardian, the guardian must sign. If the subject is under age 18, the parent or guardian must sign.

The materials specified above should be mailed to **Ally McNair, c/o AARP, 118 N. Main St., Concord, NH 03301**, and must be received no later than **Friday, April 10, 2009**.

Submissions may also be emailed to **ally\_mcnair@me.com**. Photo must be attached as a .jpg file (*please do not embed the photo in the email*), and have a resolution of at least 300 dpi. The contest entry form, photo release and narrative specified above must also be attached. Please enter “Photo Contest” in the subject line of the email, which must be received no later than **Friday, April 10, 2009**.

Entries may be disqualified that are not sent in the format requested above, or that do not contain all the information requested.

If you have questions about the entry form or the contest, please contact Margaret Morrill by emailing **mmorrill@dhhs.state.nh.us** or call **1-800-351-1888, Ext. 4683**.

## 2009 Aging Issues Photo Contest- Entry Form

Name of Photographer:

Address:

City

State

Zip Code

Mailing Address (if different from above):

Telephone #:

Fax #:

Email:

Please indicate which category your entry is in:

\_\_\_ Youth      Your age:

\_\_\_ Adult      Your age (optional):

Your signature below acknowledges that the photograph you are submitting has not been published elsewhere, and that if your submission is selected, you agree to assign all copyright, trademark and other intellectual property rights to *Aging Issues* and DHHS. If you are under age 18, your parent or guardian must sign.

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Photographer's Signature

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Parent or Guardian (if photographer is under age 18)

**Please attach the photo release (see next page) and the typed narrative (150 words or less) described in the contest guidelines.**

STATE OF NEW HAMPSHIRE  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

PHOTO RELEASE FORM

I \_\_\_\_\_ the undersigned, do hereby give and grant permission to the New Hampshire Department of Health and Human Services, (hereinafter "the department") and its agents to use my name and photograph.

I understand that I am to receive no compensation of any kind for my appearance in such photograph or the use thereof.

I understand that the photograph may be cropped or edited at the discretion of the department or its agent and that the department shall have complete ownership of the photograph, and shall have the exclusive right to make use of the photograph.

I further understand that the photograph may be used in any media (including, but not limited to, the department newsletter *Aging Issues* and other printed material, World Wide Web and the Internet) in perpetuity throughout the world, and that the photograph may be exhibited at conferences and other special events sponsored by the department and/or its community partners.

I (and any minor appearing) hereby release and hold harmless the department, its employees and agents, from any and all proprietary rights, actions, damages, liabilities and causes of action of any kind, both at law and in equity, including any attorneys fees and costs, that may be asserted in connection with or arising out of such use. I am 18 years of age or older.

Date \_\_\_\_\_  
Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

If the person appearing is a minor (under 18 years of age), a parent or legal guardian must sign this release.

Date \_\_\_\_\_  
Signature of Parent/Legal Guardian \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_  
Name of Minor \_\_\_\_\_  
Address of Minor \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_